SCHEDULE X

STATE OF HAWAII—DEPARTMENT OF TAXATION TAX CREDITS FOR HAWAII RESIDENTS

FORM N-11/N-13/N-15 (Rev. 2007)

Attach to Form N-11, N-13, or N-15

2007

Name(s) as shown on Form N-11, N-13, or N-15

Your social security number

Caution: Please read the Instructions for Schedule X in your tax return instruction booklet carefully before completing this schedule.

PART I: LOW-INCOME REFUNDABLE TAX CREDIT

1 Is your adjusted gross income (Form N-11, line 20; Form N-13, line 11; or Form N-15, line 36, Column A) \$20,000 or less?

If "No", **STOP**. You cannot claim this credit. However, you may claim the credit for a minor child receiving support from the Department of Human Services, etc. In this situation, only complete lines 3, 9, and 10. If "Yes", go to line 2.

2 List YOURSELF, YOUR SPOUSE, AND YOUR DEPENDENTS if all the requirements in the box below are met. Do not list minor children receiving more than half of their support from public agencies even though you may claim them as a dependent. List these minor children on line 3.

	more than half of their support from public agencies ever	though you may claim them a	ıs a deper	dent. List these mind	or childr	ren on line 3	·
2	Listed Person Must Meet All Requirements	Name			Name		
,	Resident of Hawaii c) Not in prison, youth correctional facility, or jail for entire taxable						
b)	Present in Hawaii more than 9 months during year						
	2007 d) Cannot be claimed as a dependent by another taxpayer						
	dependent by another taxpayer						
	Enter the number of qualified persons listed above					2	
	List all MINOR CHILDREN RECEIVING MORE THAN H Services, who meet all the requirements in the box below		OM PUBL	IC AGENCIES, such	as the l	Department	of Human
	Listed Person Must Meet All Requirements		ist any cl	nildren already liste	d on lin	e 2 above.	
	•	Name	Social	Security Number	Relationship to You		
	a) Resident of Hawaii d) More than half of support from public agency						
~	9 months during 2007 e) Not listed on any other						
С) Not in prison, youth Hawaii tax return correctional facility, or jail for						
	entire taxable year						
	Enter the number of children listed above. Also enter thi	inter the number of children listed above. Also enter this number in the space provided on Form N-11, line 34;					
	Form N-13, line 21c; or Form N-15, line 51	·				3	
4	Enter the amount of your adjusted gross income (Form N	N-11, line 20; Form N-13, line 1	1; or				1
	Form N-15, line 36, Column A)				4		
5	If you are married filing a separate return, enter your spo	ou are married filing a separate return, enter your spouse's adjusted gross income					
7	Enter on line 7 the amount of the tax credit shown below	that applies to the amount on	line 6.				
	If line 6 is: Tax credit per qualified exemption is:						
	Under \$10,000\$35						
	\$10,000 under \$15,00025 \$15,000 to \$20,00010						
	Over \$20,000						
8	Multiply line 2 by the amount of the tax credit on line 7. E	inter the total here			8		
9	Multiply line 3 by \$35. Enter the total here				9		
0	Add lines 8 and 9. Enter the result here and on Form N-1	11, line 34; Form N-13, line 21d	; or Form	N-15, line 51.			00
	This is your low-income refundable tax credit. (Whole do	llars only)			10		00
PAF	RT II: CREDIT FOR LOW-INCOME HOUSEHOLD	RENTERS					
1	Is your adjusted gross income (Form N-11, line 20; Form	N-13, line 11; or Form N-15, li	ne 36, Co	lumn A) less than \$30	0,000?		
	If "No", STOP. You cannot claim this credit. If "Yes", go	to Question 2.					
2	Are you a resident who was present in Hawaii more than nine months	s of the taxable year? If "No", STOP	. You canr	not claim this credit. It	f "Yes",	go to Quest	on 3.
3	Can you be claimed as a dependent by another taxpaye	r? If "Yes", STOP . You cannot	claim this	credit. If "No", procee	d to line	e 4.	
4	Enter required information for each rental unit that was fu	ully subject to real property tax.	DO NOT	list rental units that v	were wh	nolly or partia	ally exempt
	from real property tax. If you occupied more than one qu	ualified unit, submit the required	d informati	ion for each additiona	al unit or	n a separate	sheet. If
	you shared the unit with others, enter only YOUR SHAR	E of the rent.					
	Address (give Apt. No., if any)						
	Occupied From, 2007 , To		_, 2007. ¬	Total rent paid for this	period.	. \$	
	month	month					
	Owned by (or agent for owner)				W		
	name	addr			(Haw	vaii Tax I.D. N	umber)
	Add up YOUR SHARE of rent paid during the taxable ye				5		
6	Enter the amount of your exclusions (e.g. utilities, parking s	talls, ground rent, rental subsidies s	such as put	olic assistance)	6		

7 Line 5 minus line 6. If this amount is \$1,000, or less, STOP. You cannot claim this credit......

8 Enter the number of qualified exemptions from the Qualified Exemptions worksheet in the Instructions......

9 Multiply the number of exemptions on line 8 by \$50 and enter the result here and on Form N-11, line 35; Form N-13,

line 21d; or Form N-15, line 52. This is your low-income household renter's credit. (Whole dollars only)

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PART III: CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

Sec	ction A: Care Provi	ider Information						
1	(a) Care	(b) Address	(c) Identifi	cation number	(d) Hawaii T	ax	(e) Amount p	oaid
	Provider's name	(number, street, city, state and ZIP code)	(SSN	(SSN or FEIN)		I.D. Number		
					w		_	
					w		_	
					w		_	
Sec	ction B: Dependen	t Care Benefits — (If you did not receive benefit	ts, skip to line	16)				
2	Enter the total amount of	of dependent care benefits you received in 2007.	Amounts you	received as an	employee			
	should be shown in Box							
	received under a dependent care assistance program from your sole proprietorship or partnership					2		
3	Enter the amount, if any	y, you carried over from 2006 and used in 2007 du	iring the grace	period		3		
4	Enter the amount, if any		4	()			
5	Combine lines 2 throug	h 4				5		
6	Enter the total amount of qual	lified expenses incurred in 2007 for the care of the qualifying po	erson(s)	6				
7	Enter the smaller of line	e 5 or 6		7				
		come		8				
9	If married filing a joint re	turn, enter YOUR SPOUSE'S earned income (if stud	dent or					
		s); if married filing separately, see the Instructions for						
		er the amount from line 8		9		-		
		e 7, 8, or 9		10				
11		er the amount of taxable benefits from the workshe						
		line 7 or Form N-15, line 7. On the corresponding				11		
		two or more qualifying persons)		12		-		
		e Taxable Benefits worksheet in the Instructions If zero or less, STOP . You cannot take the credit.		13	200			
14			14					
15	expenses in 2007 (see Instructions)							
13		or include in column (a) any benefits shown on line				15		
	and enter the total here					13		
Sec	ction C: Credit for	Child and Dependent Care Expenses $-$ (I	f you are marr	ied, you must	file a joint return	to clai	m the tax credit.)	
40	(h) Deleties			:- (-) Ovalif ::		1-1	(d) Qualified exp	
16	6 (a) Qualifying person's name		(b) Relationshi	p (c) Qualifying person's security number		ociai	you incurred an in 2007 for the p	
							listed in colum	
_								
17		Imn (d) of line 16. DO NOT enter more than \$2,400						
	qualifying person or \$4,8	-						
40	enter the smaller of line		17		-			
	Enter YOUR earned income			18		-		
19	If married filing a joint return, enter YOUR SPOUSE'S earned income (if student or			40				
20	·	ctions); all others , enter the amount from line 18		19		20		
		nter the smallest of line 17, 18, or 19				20		
21	inter adjusted gross income from Form N-11, line 20; Form N-13, line 11; or Form N-15, line 36, Column A			21				
22						-		
22	Enter on line 22 the decimal amount shown below that applies to the amount on line 21.							
	If line 21 is: Decimal amount is: If line 21 is: Decimal amount is: Under \$22,001 .25 \$32,001 — 34,000 .19							
	\$22,001 — 24,000 .24 34,001 — 36,000 .18							
	24,001 — 26,000	.23 36,001 — 38,000	.17					
	26,001 — 28,000 28,001 — 30,000	.22 38,001 — 40,000 .21 40,001 and over	.16 .15					
	30,001 — 32,000 .20						>	<
23	Multiply line 20 by the d	lecimal amount on line 22. Enter the result here a				22		
	Form N-13, line 21e; or Form N-15, line 53. (Whole dollars only)					23		00